REMARKS/ARGUMENTS

The Examiner is thanked for the Office Action mailed March 9, 2009. The status of the application is as follows:

- Claims 1-20 are pending, and claims 1-12, 14-15 and 18-19 have been amended;
- Claims 1-20 are rejected under 35 U.S.C. 101 as being directed to non-statutory subject matter; and
- Claims 1-20 are rejected under 35 U.S.C. 102(e) as being anticipated by Stadler et al. (2002/0016548 A1).

The rejections are discussed below.

Preliminary Matters

Claims 2-10, 14-15 and 18-19 have been amended herein and the amendments do not address issues of patentability.

The Rejection under 35 U.S.C. 101

Claims 1-20 stand rejected under 35 U.S.C. 101. In particular, the Office asserts that the claims recite non-statutory subject matter. The subject claims have been amended to overcome this rejection. Accordingly, the rejection of these claims should be withdrawn.

The Rejection of Claims 1-20 under 35 U.S.C. 102(e)

Claims 1-20 stand rejected under 35 U.S.C. 102(e) as being anticipated by Stadler et al. This rejection should be withdrawn because Stadler et al. does not teach each and every element as set forth in the subject claims and, therefore, does not anticipate claims 1-20.

> A claim is anticipated only if each and every element as set forth in the claim is found, either expressly or inherently described, in a single prior art reference. *Verdegaal Bros. v. Union Oil Co. of California*, 814 F.2d 628, 631 (Fed. Cir. 1987). MPEP §2131.

Amended independent **claim 1** recites receiving **values corresponding to a quantity indicative of blood perfusion through tissue** based on time series perfusion images generated

from image data **acquired by a tomographic imaging system**. Stadler et al. does not teach or suggest at least the above emphasized claim aspects.

Stadler et al. teaches a method and apparatus embodied in an implantable or external medical device for monitoring electrocardiogram signals (ECG) for potentially finding myocardial ischemia of the patient's heart (see ¶ [0002]). The electrocardiogram (ECG) or electrogram (EGM) of the cardiac cycle is detected across sense electrode pairs located on the patient's skin or in the patient's body, and is a waveform characterized by a periodic PQRST electrical activation sequence of the upper and lower heart chambers (see ¶ [0005]). During episodes of myocardial ischemia, the ST segment amplitude is elevated or depressed from baseline and these deviations may be recognized by visual examination (see ¶ [0006]). With more specificity, the electrocardiogram signals from selected pairs of the three lead vectors S-I, L-M and A-P of the sensing axes of the selected electrode pairs are mathematically combined to derive a "spatial" vector which is then processed to determine the occurrence of an ischemic episode (see ¶¶ [0062] and [0063]).

However, claim 1 requires receiving with a processor values corresponding to a quantity indicative of blood perfusion through tissue based on time series perfusion images generated from image data acquired by a tomographic imaging system. In view of the preceding paragraph, the cited sections of Stadler et al. fail to teach images generated from image data acquired by a tomographic imaging system as required by claim 1. Accordingly, this rejection should be withdrawn.

Independent **claims 11 and 12** have been amended to recite claim aspects similar to those added to claim 1. As such, the above discussion with respect to claim 1 applies *mutatis mutandis* to claims 11 and 12, and the rejection of these claims should be withdrawn.

Claims 2-10 and 13-20 respectively depend from claims 1, 11 and 12, and are allowable at least by virtue of their dependencies.

Conclusion

In view of the foregoing, it is submitted that the claims distinguish patentably and non-obviously over the prior art of record. An early indication of allowability is earnestly solicited.

Respectfully submitted,

Michael J. Corrigan

Michael J. Corrigan
Driggs, Hogg, Daugherty & Del Zoppo Co., L.P.A.
38500 Chardon Road
Willoughby Hills, Ohio 44094
Phone: 1.440.391.5100
Fax: 1.440.391.5101

Direct all correspondence to:
Philips Intellectual Property & Standards
24737